

H9

Attorney's Docket No. _____

PATENT



COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL,
DIVISIONAL, CONTINUATION OR C-I-P)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type:

(check one applicable item below)

☒ original.

☐ design.

☐ supplemental.

NOTE: *If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application, do not check next item; check appropriate one of last three items.*

☐ national stage of PCT.

NOTE: *If one of the following 3 items apply, then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR C-I-P.*

☐ divisional.

☐ continuation.

☐ continuation-in-part (C-I-P).

INVENTORSHIP IDENTIFICATION

WARNING: *If the inventors are each not the inventors of all the claims, an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.*

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor (*if only one name is listed below*) or an original, first and joint inventor (*if plural names are listed below*) of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

Method for binding a program module

SPECIFICATION IDENTIFICATION

the specification of which:

(complete (a), (b), or (c))

(a) ☐ is attached hereto

(b) ☒ was filed on 18 December 2000 as ☒ Serial No. 09/739,941
or ☐ Express Mail No., As Serial No. not yet known _____
and was amended on _____ (if applicable).

NOTE: Amendments filed after the original papers are deposited with the PTO that contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.

(c) ☐ was described and claimed in PCT International Application No. _____, filed on _____ and as amended under PCT Article 19 on _____ (if any).

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56,

(also check the following items, if desired)

- ☒ and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, and
☐ in compliance with this duty, there is attached an information disclosure statement, in accordance with 37 CFR 1.98.

PRIORITY CLAIM (35 U.S.C § 119(a)–(d))

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)–(d) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

(d) ☐ no such applications have been filed.

(e) ☒ such applications have been filed as follows.

NOTE: where item (c) is entered above and the International Application which designated the U.S. itself claimed priority check item (e), enter the details below and make the priority claim.

**PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION
AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a)–(d)**

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119
Finland	19992786	27 December 1999	<input checked="" type="checkbox"/> YES NO <input type="checkbox"/>
			<input type="checkbox"/> YES NO <input type="checkbox"/>
			<input type="checkbox"/> YES NO <input type="checkbox"/>
			<input type="checkbox"/> YES NO <input type="checkbox"/>
			<input type="checkbox"/> YES NO <input type="checkbox"/>

**CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)
(34 U.S.C. § 119(e))**

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

PROVISIONAL APPLICATION NUMBER

FILING DATE

_____ / _____	_____
_____ / _____	_____
_____ / _____	_____
_____ / _____	_____

**CLAIM FOR BENEFIT OF EARLIER US/PCT APPLICATION(S)
UNDER 35 U.S.C. 120**

- ☐ The claim for the benefit of any such applications are set forth in the attached
ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY
FOR DIVISIONAL, CONTINUATION OR CONTINUATION-IN-PART (C-I-P)
APPLICATION

**ALL FOREIGN APPLICATION(S), IF ANY, FILED MORE THAN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

NOTE: *If the application filed more than 12 months from the filing date of this application is a PCT filing forming the basis for this application entering the United States as (1) the national stage, or (2) a continuation, divisional, or continuation-in-part, then also complete ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR C-I-P APPLICATION for benefit of the prior U.S. or PCT application(s) under 35 U.S.C. § 120.*

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

(list name and registration number)

Clarence A. Green	(Reg. No. 24,622)
Mark F. Harrington	(Reg. No. 31,686)
Thomas P. Dowd	(Reg. No. 24,586)

(check the following item, if applicable)

☐ Attached, as part of this declaration and power of attorney, is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO

Clarence A. Green
Perman & Green, LLP
425 Post Road
Fairfield, CT 06430

DIRECT TELEPHONE CALLS TO:

(Name and telephone number)

Clarence A. Green
(203) 250-1800

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name, as it should appear on the filing receipt and all other documents.

Full name of sole or first inventor

Piotr

Cofta

(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

FAMILY (OR LAST NAME)

Inventor's signature

Date

12-12-2001

Country of Citizenship

Poland

Residence

35 Milton St, Arlington, MA 02474 U.S.A.

Post Office Address

same as above

Full name of second joint inventor, if any

Olli

Immonen

(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

FAMILY (OR LAST NAME)

Inventor's signature

Date

Country of Citizenship

Finland

Residence

Tuohuskuja 16 A 5, FIN-00670 Helsinki, Finland

Post Office Address

same as above

Full name of third joint inventor, if any

Mikael

Linden

(GIVEN NAME)

MIDDLE INITIAL OR NAME

FAMILY (OR LAST NAME)

Inventor's signature

Date

25-FEB-2001

Country of Citizenship

Finland

Residence

Elementinpolku 15 C 25, FIN-33720 Tampere, Finland

Post Office Address

same as above

(check proper box(es) for any of the following added page(s)
that form a part of this declaration)

☒ **Signature** for fourth and subsequent joint inventors. *Number of pages added*

1

* * *

☐ **Signature** by administrator(trix), executor(trix) or legal representative for deceased or
incapacitated inventor. *Number of pages added*

* * *

☐ **Signature** for inventor who refuses to sign or cannot be reached by person authorized
under 37 CFR 1.47. *Number of pages added*

* * *

☐ Added page for **signature** by one joint inventor on behalf of deceased inventor(s) where legal
representative cannot be appointed in time. (37 CFR 1.47)

* * *

☐ Added pages to combined declaration and power of attorney for divisional, continuation, or
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☐ Number of pages added

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* * *

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NOTE: Carefully indicate the family (or last) name, as it should appear on the filing receipt and all other documents.

Full name of _____ joint inventor, if any

Mikko

Lukkaroinen

(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

FAMILY (OR LAST NAME)

Inventor's signature _____

Date _____

Country of Citizenship

Finland

Residence

Telkkätie 4 B, FIN-90150 Oulu, Finland

Post Office Address

same as above

Full name of _____ joint inventor, if any

(GIVEN NAME)

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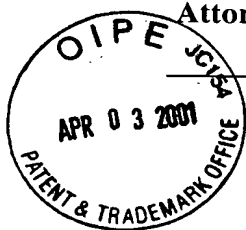
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Full name of sole or first inventor

Piotr

(GIVEN NAME)

Cofta

(MIDDLE INITIAL OR NAME)

FAMILY (OR LAST NAME)

Inventor's signature

Date

Country of Citizenship

Poland

Residence

35 Milton St, Arlington, MA 02474 U.S.A.

Post Office Address

same as above

Full name of second joint inventor, if any

Olli

(GIVEN NAME)

Immonen

(MIDDLE INITIAL OR NAME)

FAMILY (OR LAST NAME)

Inventor's signature

Date

Country of Citizenship

Finland

Residence

Tuohuskuja 16 A 5, FIN-00670 Helsinki, Finland

Post Office Address

same as above

Full name of third joint inventor, if any

Mikael

(GIVEN NAME)

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* * *

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Full name of _____ joint inventor, if any

Mikko

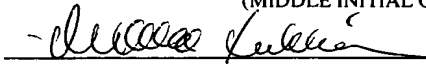
Lukkaroinen

(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

FAMILY (OR LAST NAME)

Inventor's signature



Date

23.2.01

Country of Citizenship

Finland

Residence

Telkkätie 4 B, FIN-90150 Oulu, Finland

Post Office Address

same as above

Full name of _____ joint inventor, if any

(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

FAMILY (OR LAST NAME)

Inventor's signature

Date

Country of Citizenship

Residence

Post Office Address

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FAMILY (OR LAST NAME)

Inventor's signature

Date

Country of Citizenship

Residence

Post Office Address